

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stuart I	D. Trachy			
II. Name of lobbyist's partnership	, firm or corporation, if	any:		
(Name of partners	nip, firm or corporation)			
Two Eagle Square	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(402) 520 0822		amail atenahu@nal aa	m	
(603) 520-0822 (Telephone)	(Fax)	email strachy@aol.co	1111	
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable			
NH State Chiropractic Societ	<u>y</u>	rs on the Lobbyist Registration Fo		
OR All reportable transactions by the unrelated to any particular client.	••		•	
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17 October 25, 2017 Cactivity from 7/1/17 to 9/30/17		January 31, 2018 🔲	activity from 4/1/17 to 6/30/17	
V. There have been no fees receive If this box is checked, complete just Concord, NH 03301.	ed and no reportable trai this form and submit it to	nsactions made since the last rep the Secretary of State's Office, Sta	ort. Le House, Room 204.	
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed exper	must file Addendum A— Fees and ses, you must file Addendum B—contributions, you must file Adden	Report of Honorariums or	
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief (Signature of lobbyist)	RSA 664 and hereby swea	ar or affirm that the foregoing info	,	
Stuart D. Trachy (Print Name of lobbyist)				